For Internal Use Only:				State Agency Rider (STAR) Pass											
Voucher #:				Grays Harbor Transit											
DATE:			e 4 of W bass				Subsidy Tracking Calendar								
Ву:									doc	iay iii		Jaioila	<b></b>		
NAME							- /	AGEN	CY						
WORK PHONE				MAIL STOP				STAR Pass Coordinator's Name							
PLEASE	READ	THESE IN	ISTRUC	CTIONS C	AREFUL	LY!									
and 3) b on a Gra you rece free vou	e assigr ays Harb ive from ichers.	ansit buse ned to a wo for Transit n your ager Questions	orksite ir bus, you ncy as lo ? Call 7	n Thurstor u must co ong as col 705-7916	n County. mplete th lectively or e-mail	To receivis calend you are no CTRMail	ve a su lar. <b>No</b> lot rece l@ga.w	ubsidy f ote: You eiving n va.gov.	for ea u may nore t	ch of yo receive han the	e this subs	ay comr sidy in ac monthly	<b>nute trips ddition</b> to bus pass	taken any in tax-	
a Grays	Harbor	e your STA Transit bus onthly Gra	s. You v	will receive	e a Comr	nute Bon	us Vou	ıcher w						ps on	
Transpo	rtation C	endar has Coordinator	r (ETC)	or STAR I	Pass Coo	ordinator f	for sign	nature.	Sen	d signed	l calendars	s to WSI	DOT: MS		
You will	receive	a \$15 Con	nmuter E	Bonus Voi	ucher for	every 27	comm	ute trip	s tak	en on a	Grays Hai	rbor Trai	nsit bus.		
One-wa	y comn	ute trips t	taken o	n Grays I	Harbor '	Transit b	etweer	n (date	s*) _		8	and			
<b>1:</b> date:		<b>2:</b> date:		3: date		4: date		<b>5</b> : d	ate		6: date		<b>7:</b> date		
AM (Circle	PM One)	AM (Circle	PM One)	AM (Circle	PM One)	AM (Circle	PM One)	AN ()	<b>√I</b> Circle (	PM One)	AM (Circle	PM One)	AM (Circle	PM One)	
8: date		9: date		<b>10:</b> date		11: date		12:	<b>12:</b> date		<b>13:</b> date		14: date		
AM	PM	AM	PM	AM	PM	AM	PM	AN	M	PM	AM	PM	AM	PM	
(Circle One)		(Circle One)		(Circle One)		(Circle One)		(0	(Circle One)		(Circle One)		(Circle One)		
<b>15:</b> date		<b>16:</b> date		17: date		<b>18:</b> date		19:	<b>19:</b> date		<b>20</b> : date		21: date		
AM (Circle	PM One)	AM (Circle	PM One)	AM (Circle		AM (Circle			M Circle	PM One)	AM (Circle	PM One)	AM (Circle		
<b>22:</b> date		23: date		<b>24:</b> date		<b>25:</b> date		26:	<b>26:</b> date		<b>27</b> : date				
AM	PM	AM	PM	AM	PM	AM	PM	AN	M	PM	AM	PM	Exchan	ge 27	

I certify that this information is accurate and complete and that I meet the STAR Pass eligibility requirements: 1) I have a STAR Pass; 2) I am registered with the State Agency CTR program at the Department of Transportation; and 3) I am assigned to a worksite in Thurston County. (Register on line at <a href="www.ga.wa.gov/CTR/starpass.html">www.ga.wa.gov/CTR/starpass.html</a> or by e-mail <a href="mailto:CTRMail@ga.wa.gov">CTRMail@ga.wa.gov</a>)

(Circle One)

(Circle One)

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(Circle One)

trips for one

\$15 voucher

(Circle One)

The commute trips recorded above were taken on Grays Harbor Transit buses. I understand that I may be denied the subsidy (\$15 voucher) if I provide inaccurate information or am found to be ineligible for the STAR Pass subsidy for rides taken on a Grays Harbor Transit bus.

Employee Signature	Date	STAR Pass Coordinator Signature	Date